

# FORM FOR FILING A FORMAL COMPLAINT

*Please submit any request for a formal complaint to the Dispute Resolution Coordinator, State Department of Education, Division of Student Achievement and School Accountability, P.O. Box 83720, Boise, ID 83720-0027. The alleged violations may not be older than one year from the date the complaint is received by the SDE.*

*(You may use this form or submit a letter that includes the information below.)*

## **A. General Information:** (type or print)

Date: \_\_\_\_\_

Name of Individual Filing the Complaint: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Name of District/Agency Hearing Request is Against: \_\_\_\_\_

### **Student Information:**

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

### **District Information:**

District Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

School Student Attends: \_\_\_\_\_

(If complaint involves more than one student, please complete the student and district information for each student.)

In the case of a homeless child or youth, provide available contact information:

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- B. Allegation(s):** Describe the specific issue(s) that relate to potential violations of Part B of the IDEA 2004. Provide supporting facts and information for each allegation.

(Attach additional pages if needed.)

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- C. Resolution:** Please provide your suggestions for solving the problem. (Attach additional pages if needed.)

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Signature of Individual Requesting Hearing

\_\_\_\_\_  
Title or Relationship to Student

\_\_\_\_\_  
Date